902 KAR 30:130. Assessment, service planning, and assistive technology.

RELATES TO: KRS 200.660(6), 200.664, 34 C.F.R. 303.321, 303.340-303.346, 20 U.S.C. 1435, 1436, 1437

STATUTORY AUTHORITY: KRS 194A.050(1), 200.660(8), 20 U.S.C. 1436

NECESSITY, FUNCTION, AND CONFORMITY: KRS 200.660 requires the Cabinet for Health and Family Services to administer funds appropriated to implement the provisions of KRS 200.650 to 200.676, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation establishes the requirements for assessment, the Individualized Family Service Plans used in First Steps, and assistive technology.

Section 1. Child Assessment.

(1) Assessment shall be an on-going procedure used by personnel meeting the qualifications established in 902 KAR 30:150, Section (2)(a)-(p), throughout the child's period of eligibility for First Steps. An assessment shall reflect:

(a) The child's unique strengths and needs; and

(b) The services appropriate to meet those needs.

(2) All evaluations and assessments of the child and family shall be conducted in a nondiscriminatory manner and selected and administered so as not to be racially or culturally discriminatory.

(3) Unless clearly not feasible to do so, all assessments of a child shall be conducted in the native language of the child.

(4) Assessments shall reflect appropriate multisource and multimeasures. One (1) source or one (1) measure shall not be used as the sole criterion for determining an intervention program.

(a) Assessment methods shall include direct assessment and at least one (1) of the following:

1. Observations;

2. Interview and parent reports; or

3. Behavioral checklist and inventories.

(b) Direct assessment shall include one (1) or more instruments that are:

1. Appropriate for an infant or toddler and allow for adaptations for a disability as needed; and

2. Criterion-referenced, which compares the child's level of development with skills listed in a chronological sequence of typical development.

(5) If, after the initial evaluation and assessments are completed, the IFSP team determines that a subsequent assessment is warranted, the following shall be documented on the IFSP:

(a) The IFSP team's reasons for an additional assessment;

(b) Whether a current provider on the IFSP team can assess the area or areas of concern; and

(c) Circumstances relating to the child's ability or the family's capacity to address the child's developmental needs that warrant the subsequent assessment.

(6) POE staff shall obtain a physician's or advanced practice registered nurse's (APRN's) written approval in order to complete an assessment on a child deemed medically fragile. The approval shall be specific as to the modifications needed to accommodate the child's medical status.

(7) A formal, direct assessment shall include a written report if performed for initial assessment, the annual assessment, or exit assessment, or if authorized by the IFSP. This report shall include:

(a) A description of the assessment instruments used in accordance with subsection (4)(b) of this section;

(b) A description of the assessment activities in accordance with subsection (4)(a) of this section;

(c) Identifying information, including:

1. The child's First Steps identification number;
2. The name of the child;
3. The child's age at the date of the assessment;
4. The name of the service provider and discipline;
5. The date of the assessment;
6. The setting of the assessment;
7. The state of health of the child during the assessment including a statement of the child's vision and hearing status;
8. The parent's assessment of the child's performance in comparison to abilities demonstrated by the child in more familiar circumstances;
9. The medical diagnosis if the child has an established risk condition;
10. Who was present for the assessment; and

(d) A profile of the child's level of performance, in a narrative form which shall indicate the:

1. Child's unique strengths and needs;
2. Skills achieved since the last report, if applicable; and
3. Current and emerging skills, including skills performed independently and with assistance.

(8) Item level data from the cabinet-approved criterion referenced assessment protocol, in accordance with this administrative regulation, shall be submitted electronically to the Kentucky Early Childhood Data System within five (5) working days of the completion of the assessment.

(9)

(a) The initial or other formal assessments, with written reports, shall be completed and recorded in the child's record using the First Steps data management system within five (5) working days of the provider completing the assessment.

(b) The provider who performed the assessment shall:

1. Write the report in family-appropriate language that the child's family can easily understand;
2. Provide the written report to the family within the time frame established in paragraph (a) of this subsection; and
3. Document in the child's record the date the report was mailed to the family.

(c) If the time frame established in paragraph (a) of this subsection is not met due to illness of the child or a request by the parent, the assessor shall document the reason for the delay in the child's record.

(10)

(a) An assessment provided as a general practice of a discipline, not due to the child or family's needs, shall be authorized as an early intervention service, not as an assessment.

(b) Ongoing assessment shall ensure that the IFSP and services are flexible and accessible.

(11) Five (5) working days prior to either the annual or six (6) month review of the IFSP or the expiration date of the IFSP, a service provider shall complete progress reports in the online data management system and provide a copy to the family.

(12)

(a) Within thirty (30) days prior to exiting the First Steps program at age three (3), each child shall receive an assessment in all five (5) developmental domains using a

cabinet-approved criterion referenced instrument, in accordance with this administrative regulation.

(b) The assessment used for annual redetermination of eligibility may be used to meet the assessment required by paragraph (a) of this subsection if it is completed within ninety (90) days prior to the child's exit from the First Steps Program.

Section 2. Family Assessment.

(1) The family assessment shall be conducted with the family of a child eligible for early intervention services to identify the family's resources, priorities, and concerns for their child.

(2) The identification of the family's resources, priorities, and concerns shall be:

(a) Voluntary on the part of the family;

(b) Family directed;

(c) Based on information provided by the family through an assessment tool and personal interview with those members who elect to participate in the assessment; and

(d) Used to determine the supports and services necessary to enhance the family's capacity to meet the developmental needs of the eligible child.

(3) Unless clearly not feasible to do so, the family assessment shall be conducted in the native language of the family members being assessed.

(4) POE staff shall provide a written report of the family assessment to the family within five (5) working days of the parent interview.

(5) The family assessment report shall contain recommendations that address the family's priorities as well as the child's holistic needs based on the review of pertinent medical, social, and developmental information.

(6) The family assessment shall be updated prior to the six (6) month IFSP meeting and shall be re-administered prior to the annual IFSP meeting.

Section 3. Individualized Family Service Plan (IFSP).

(1) For a child who has been evaluated for the first time and determined eligible in accordance with 902 KAR 30:120, a meeting to develop the initial IFSP shall be conducted within forty-five (45) days after the point of entry receives the referral.

(2) The IFSP shall be reviewed by convening a meeting at least every six (6) months. An IFSP team meeting shall be convened more frequently if:

(a) A periodic IFSP review meeting is requested by:

1. The family; or

2. The family and a team member; or

(b) An early intervention service is added or increased.

(3) The purpose of the periodic review shall be to determine:

(a) The degree to which progress toward achieving the results or outcome identified in the IFSP is being made; and

(b) Whether modification or revision of the results, outcomes, or early intervention services identified in the IFSP is necessary.

(4) The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.

(5) A face to face meeting shall be conducted on at least an annual basis to evaluate and revise, as appropriate, the IFSP for a child and the child's family.

(6) IFSP meetings shall be conducted:

(a) In settings and at times that are convenient for the family; and

(b) In the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.

(7) The contents of the IFSP shall be fully explained to the parent and informed written consent obtained prior to the provision of early intervention services described in the IFSP. The signed IFSP shall be a contract between the family and service providers. A

service included on the IFSP shall be provided as authorized, unless the family chooses not to receive the service and this choice is documented in the child's record.

(8) Each initial meeting and each annual IFSP team meeting to evaluate the IFSP shall include the following participants:

(a) The parent or parents of the child;

(b) Other family members, as requested by the parent, if feasible to do so;

(c) An advocate or person outside the family, if the parent requests that the person participate;

(d) The service coordinator who is responsible for implementing the IFSP;

(e) The person directly involved in conducting the evaluation and assessment of the child; and

(f) As appropriate, the provider who will be providing early intervention service to the child and family.

(9) If the person identified in subsection (8)(e) of this section is unable to attend a meeting, arrangements shall be made for that person's participation through other means, including one (1) of the following:

(a) Participating in a telephone conference call;

(b) Having a knowledgeable representative attend the meeting; or

(c) Making pertinent records available at the meeting.

(10) The IFSP shall include:

(a) Information about the child's present level of developmental functioning. Information shall cover the following domains:

1. Physical development that includes fine and gross motor skills, vision, hearing, and general health status;

2. Cognitive development that includes skills related to the child's mental development and includes basic sensorimotor skills, as well as preacademic skills;

3. Communication development that includes skills related to exchanging information or feelings, including receptive and expressive communication and communication with peers and adults;

4. Social and emotional development that includes skills related to the ability of the child to successfully and appropriately select and carry out their interpersonal goals; and

5. Adaptive development that includes self-help skills and the ability of the child's sensory systems to integrate successfully for independent functions;

(b) Performance levels to determine strengths which can be used to enhance functional skills in daily routines when planning instructional strategies to teach skills;

(c) A description of:

1. Underlying factors that may affect the child's development including the established risk condition; and

2. What motivates the child, as determined on the basis of observation in natural settings, during child interaction, and through parent report;

(d) With concurrence of the family, a statement of the family's resources, priorities, and concerns related to enhancing the development of the child;

(e)

1. A statement of the measurable results or measurable outcomes expected to be achieved for the child, including pre-literacy and language skills as developmentally appropriate for the child, which shall:

a. Be functionally stated;

b. Be representative of the family's own priorities;

c. Fit naturally into the family's routines or schedules;

d. Reflect the use of the family's own resources and social support network; and

e. Be flexible to meet the child and family's needs in current and possible future environments;

2. The criteria, procedures, and time lines used to determine the degree to which progress toward achieving the outcomes is being made; and

3. A statement indicating whether modifications or revision of the outcomes or services are necessary;

(f) At least one (1) measurable transition outcome that addresses any upcoming changes relevant to the child and family or, if the child is two (2) years or older, the steps and services to be taken to support a smooth transition of the child to preschool or other appropriate services. This shall include:

1. Discussions with, and training of, parents, as appropriate, regarding future placements and other matters related to the child's transition;

2. Activities to be used to help prepare the child for changes in the service delivery;

3. Specific steps that will help the child adjust to and function in the new setting or activity; and

4. Identification of transition service and other activities the IFSP team determines are necessary to support the transition of the child;

(g) The statement of the specific early intervention services, based on peer-reviewed research to the extent practicable, that are necessary to meet the unique needs of the child and family to achieve the results or outcomes and which:

1. Are stated in length, frequency, intensity, duration, location and method of delivering services; and

2. Include payment arrangements;

(h)

1. A description of the natural environment, which includes natural settings and service delivery systems, in which the early intervention service is to be provided;

2. How the skills shall be transferred to a caregiver so that the caregiver can incorporate the strategies and activities into the child's natural environment;

3. How the child's services may be integrated into a setting in which other children without disabilities participate; and

4. If the service cannot be provided in a natural environment, the reason, including:

a. Why the early intervention service cannot be achieved satisfactorily in a natural environment;

b. How the service is supported by the peer reviewed research;

c. How the service provided in this location or using this approach will support the child's ability to function in his or her natural environment; and

d. A timeline as to when the service might be expected to be delivered in a natural environment approach;

(i) The dates for initiation of the services and the anticipated duration of those services;

(j)

1. Other services that the child needs that are not early intervention services, such as medical services or housing for the family; and

2. Identification of the funding sources and providers to be used for those services or the steps that will be taken to secure those services through public or private resources;

(k) The name of:

1. The service coordinator representing the child's or family's needs who shall be responsible for the implementation of the IFSP and coordination with other agencies and person in accordance with 902 KAR 30:110, Section 2; and

2. The primary service provider;

(l) A review of the Family Rights Handbook; and

(m) A statement signed by the parent that complies with KRS 200.664(6).

(11) The IFSP shall be finalized within five (5) working days of the meeting.

(12)

(a) An authorized IFSP shall be valid for a period not to exceed six (6) months. An amendment that is made to the IFSP shall be valid for the remaining period of the plan.

(b) A parent or guardian's signature on the IFSP shall constitute written consent for early intervention services.

(13) In the development and implementation of the IFSP, IFSP team members shall:

(a) Provide a family-centered approach to early intervention;

(b) Honor the racial, ethnic, cultural, and socioeconomic diversity of families;

(c) Show respect for and acceptance of the diversity of family-centered early intervention;

(d) Allow families to choose the level and nature of their involvement in early intervention services;

(e) Facilitate and promote family and professional collaboration and partnerships, which are the keys to family-centered early intervention and to successful implementation of the IFSP process;

(f) Plan and implement the IFSP using a team approach;

(g) Reexamine their traditional roles and practices and develop new practices as appropriate that promote mutual respect and partnerships which may include a transdisciplinary approach;

(h) Determine the settings for service delivery based on the child's results or outcomes that are identified by the team; and

(i) Ensure that families have access and knowledge of services that shall:

1. Be provided in as normal a fashion and environment as possible;
2. Promote the integration of the child and family within the community;
3. Be embedded in the family's normal routines and activities; and
4. Be conducted in the family's natural environment, if possible, and in a way that services promote integration into a community setting which includes children without disabilities.

(14) If an agency or professional not participating on the IFSP team but active in the child's life makes a recommendation for an early intervention service, it shall not be provided as a First Steps service unless:

(a) The IFSP team:

1. Considers the recommendation;
2. Determines that it relates to a chosen outcome or result, and family priority; and
3. Agrees that it is a necessary service; and

(b) The service is not covered by another payor source.

Section 4. Assistive Technology.

(1) To access assistive technology services and devices, the child shall:

(a) Be eligible for First Steps; and

(b) Have the need for and use of assistive technology devices and services documented in the IFSP.

(2) Prior to submitting a request for purchase of an assistive technology device, the service coordinator shall attempt to obtain funding from at least two (2) sources outside the First Steps and Medicaid systems.

(3) The First Steps assistive technology review team shall review:

(a) Each equipment request for which the purchase price exceeds $100; or

(b) A request submitted by the service coordinator, other POE staff, or state lead agency staff.

(4) A request shall be processed within ten (10) working days of the receipt of required information. The required information shall include:

(a) A current IFSP;
(b) Assessments with recommendations;
(c) Justification statement for each device based on needs, including documentation of attempts to find alternative funding sources;
(d) Information regarding the equipment or device request, including information regarding the training of the family on the use of equipment; and
(e) Documentation of safety and approved uses in the birth to three (3) age population.

(5) The decision made through the review process may be appealed to the Part C Coordinator who shall:
(a) Consult with the monitoring assistive technology review team; and
(b) Issue the final decision.

(6) If the IFSP team is not in agreement with the decision of the Part C Coordinator:
(a) The child's IFSP team shall reconvene for an IFSP meeting with a representative from the assistive technology review team and a representative of the state lead agency; and
(b) If the IFSP team concludes at that IFSP meeting that the assistive technology device is still needed, payment for the device shall be authorized for the duration of the current IFSP.

(7) A request for purchase shall be made no later than ninety (90) days prior to the child's third birthday.

(8) Assistive technology devices purchased solely through First Steps funding shall be the property of the program. When the child exits the program, the family shall:
(a) Return the item to the POE office for the district where the child resides; or
(b) Purchase the item from the program at a depreciated cost.

(9) Assistive technology devices may be rented through a contracted assistive technology provider to:
(a) Determine the appropriateness of the requested item prior to purchase;
(b) Assist the child in achieving the IFSP outcomes or results; or
(c) Address short term needs of the child while awaiting receipt of a purchased device.

(10) The payment for assistive technology devices shall be made in accordance with 902 KAR 30:200 Section 2(5)(a) and (b).

(11) Items that cannot be returned for sanitary reasons, such as adapted utensils, shall not be rented.

Section 5. Incorporation by Reference.

(1) "Individualized Family Service Plan", September 2012, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Public Health, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m.

(23 Ky.R. 3139; Am. 3857; eff. 6-16-1997; 25 Ky.R. 667; 1414; eff. 1-19-1999; Recodified from 908 KAR 2:140, 10-25-2001; 31 Ky.R. 496; 1425; eff. 2-22-2005; Recodified from 911 KAR 2:140, 5-17-2010; 37 Ky.R. 526; 1267; 1673; eff. 2-4-2011; 39 Ky.R. 2413; 40 Ky.R. 605; eff. 10-16-2013; 2879; 41 Ky.R. 790; eff. 10-15-2014; Cert. eff. 6-15-2021.)